IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
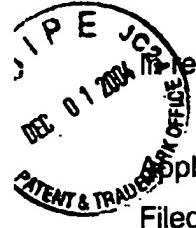
In re Patent Application of	Confirmation No.: 9257
SHAW et al.	Atty. Ref.: 117-385
Appln. No. 10/088,341	T.C. / Art Unit: 1645
Filed: March 18, 2002	Examiner: S. Devi

FOR: ORAL RECOMBINANT LACTOBACILLI VACCINES

* * *

AMENDMENT UNDER 37 CFR § 1.111

December 1, 2004

Mail Stop Amendment
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the pending Office Action mailed July 1, 2004, entry and consideration of the following amendments and remarks are respectfully requested.

Amended portions of the **specification** are presented on pages 2-6.

A brief description of the drawing and trademark symbols are added.

The **claims** are presented on pages 7-12.

Claims 1-23 and 25 are amended.

Claims 31-32 are added.

Remarks begin on page 13.

PATENT APPLICATION F... DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number: 10/088341

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20= *	10
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	370
X$ 9=		OR	X$18=	180
X42=		OR	X84=	168
+140=		OR	+280=	
TOTAL		OR	TOTAL	1238

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 32	Minus	** 30	= 2
Independent	* 6	Minus	*** 5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

BEST AVAILABLE COPY

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	36
X42=		OR	X84=	88
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	124

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.